

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						1			
2		1					2			
3		1					3			
4		1					4			
5		1					5			
6		1					6			
7		1					7			
8		1					8			
9		1					9			
10	1						10			
11		1					11			
12		1					12			
13		1					13			
14		1					14			
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36		1					36			
37		1					37			
38		1					38			
39		1					39			
40		1					40			
41		1					41			
42		1					42			
43		1					43			
44		1					44			
45		1					45			
46		1					46			
47		1					47			
48		1					48			
49		1					49			
50		1					50			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	18						TOTAL DEP.			
TOTAL CLAIMS	20						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS